



**TOWN OF EAST WINDSOR**  
 11 Rye Street, P.O. Box 389  
 Broad Brook, CT. 06016

## APPLICATION FOR EMPLOYMENT

PLEASE TYPE OR PRINT

1. POSITION APPLYING FOR			IF YOU ARE RECENTLY A CITY EMPLOYEE, GIVE: Your Position/Department			
2. SOCIAL SECURITY NO.		HOME TELEPHONE:		BUS. TELEPHONE PHONE:		
3. NAME OF APPLICANT	LAST	FIRST	MIDDLE	Birthplace (include country, if foreign born)		
4. STREET	CITY	STATE	ZIP CODE	Are you over 18?		
5. ARE YOU A U.S. CITIZEN:		NOTE: NATURALIZED CITIZENS MUST SUBMIT PROOF		EXPLANATION OF QUESTIONS. 7,8,9, 10, 11, IF ANSWERED "YES", Use all spaces below & separate sheets if necessary		
ANSWER ALL QUESTIONS			YES/NO			
7. HAVE YOU FILED AN APPLICATION FOR OTHER CITY EXAMINATIONS: (If yes, list positions previously applied for)						
8. HAVE YOU EVER BEEN CONVICTED OF ANY LAW VIOLATION INCLUDING MILITARY OFFENSES? (Failure to answer may result in disqualification.)						
9. HAVE YOU EVER BEEN INVOLUNTARY SEPARATED FROM EMPLOYMENT, EXCEPT FOR LAYOFF DUE TO LACK OF WORK?						
Education	Name & Address	Years Completed	Did You Graduate/Year	Credit Hrs. Completed	Degree Received	Major Course of Study
Elementary/ Junior High		Highest Grade Completed:				
High School		Highest Grade Completed:				
Technical or Business School		Highest Grade Completed:				
Undergraduate College		Highest Grade Completed:				
Graduate or Professional School		Highest Grade Completed:				
Other (Specify)						
Drivers License Reg. CDL		State	Exp. Date	Operator's No.		
<b>CERTIFICATION</b> Read this application and your answers carefully before signing below:						
I Certify that the statements made by me on BOTH SIDES of this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that if I knowingly make any misstatement of facts, I am subject to disqualification or dismissal and to such other positions as may be prescribed by law Civil Service Regulations.						
An Equal Opportunity Employer			SIGNED (Applicant)		Date	

- Experience: 1. Begin with present or most recent employment and work backward consecutively.  
2. If you have had several different positions with the same employer list separately.  
3. If you need more space use additional application forms or 8 1/2 X 11 sheets.  
4. DUTIES: Describe the nature of the work personally performed by you. State size and kind of working force, if any, supervised by you & extent of such supervision.

LENGTH OF EMPLOYMENT	YOUR TITLE	NAME & TITLE OF IMMEDIATE SUPERVISOR	TYPE OF BUSINESS
From: Mo. ____ Yr. ____	_____		
	Firm Name	Address	City & State
To: Mo. ____ Yr. ____	_____		
	DUTIES: _____		
Total Hrs. per week:	_____		
Reason for leaving:	_____		

LENGTH OF EMPLOYMENT	YOUR TITLE	NAME & TITLE OF IMMEDIATE SUPERVISOR	TYPE OF BUSINESS
From: Mo. ____ Yr. ____	_____		
	Firm Name	Address	City & State
To: Mo. ____ Yr. ____	_____		
	DUTIES: _____		
Total Hrs. per week:	_____		
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